

XC 1188589 SL 200

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42294

FILED NOV 19 1957

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

Registrar's No.

10791

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair		
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis			c. CITY OR TOWN E. St. Louis		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital			d. STREET ADDRESS 405 N. 66th		
Length of stay in lb 14 days			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) John L. McDaniel			4. DATE OF DEATH 11-10-57		
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH 11-11-94		9. AGE (In years last birthday) 62		10. FUNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and state or country) Pana, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Douglas McDaniel		13b. MOTHER'S MAIDEN NAME Doris Shemp		14. NAME OF HUSBAND OR WIFE Elgie Averill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) Yes		16. SOCIAL SECURITY NO. 319-28-4888		17. INFORMANT Address VA Hospital Records, St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia Pulmonary Emphysema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 491X DUE TO (c) 491X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 10-27-57 to 11-10-57 and last saw him alive on 11-10-57 Death occurred at 6:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE LEROY F. ORTMEYER		
22b. ADDRESS VAH, ST. LOUIS, MO.			22c. DATE SIGNED 11-11-57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
Buried		11-13-57		Mt. Hope Cemetery	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS			
Belleville, Illinois		St. Louis, Ill			
25. DATE RECD. BY LOCAL REG. NOV 12 57		26. REGISTRAR'S SIGNATURE Carl Smith			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3162
P. O. Address E. St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.